

TOWN OF AMHERST
CONSTRUCTION CONTROL AFFIDAVIT

PROJECT NUMBER: _____ DATE: _____

PROJECT TITLE: _____

PROJECT LOCATION: _____

NAME OF BUILDING: _____

NATURE OF PROJECT: _____

IN ACCORDANCE WITH SECTION 116.0 OF THE MASSACHUSETTS STATE BUILDING CODE, I,

NAME	ADDRESS	PHONE NUMBER
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BEING A REGISTERED PROFESSIONAL ENGINEER/ARCHITECT HEREBY CERTIFY THAT I HAVE PREPARED OR DIRECTLY SUPERVISED THE PREPARATION OF ALL DESIGN PLANS, COMPUTATION AND SPECIFICATIONS CONCERNING:

ENTIRE PROJECT	ARCHITECTURAL	STRUCTURAL	MECHANICAL
FIRE PROTECTION	ELECTRICAL	OTHER (Specify)	_____

FOR THE ABOVE PROJECT AND THAT, TO THE BEST OF MY KNOWLEDGE, SUCH PLANS, COMPUTATIONS, AND SPECIFICATIONS MEET THE APPLICABLE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE, ALL ACCEPTABLE ENGINEERING PRACTICES AND APPLICABLE LAWS AND ORDINANCES FOR THE PROPOSED USE AND OCCUPANCY.

I FURTHER CERTIFY THAT I SHALL PERFORM THE NECESSARY PROFESSIONAL SERVICES AND BE PRESENT ON THE CONSTRUCTION SITE ON A WEEKLY BASIS TO DETERMINE THAT THE WORK IS PROCEEDING IN ACCORDANCE WITH THE DOCUMENTS APPROVED FOR THE BUILDING PERMIT AND SHALL BE RESPONSIBLE FOR THE FOLLOWING AS SPECIFIED IN SECTION 116.2.2:

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for building permit, and approval for conformance to the design concept
2. Review and approval of the quality control procedures for all code-required controlled materials.
3. Special architectural or engineering professional inspection of critical construction components requiring controlled materials or construction specified in the accepted engineering practice standards.

PURSUANT OT SECTION 116.2.3 AND CHAPTER 17, I SHALL SUBMIT WEEKLY, A PROGRESS REPORT TOGETHER WITH PERTINENT COMMENTS TO THE TOWN OF AMHERST, BUILDING COMMISSIONER/INSPECTOR OF BUILDINGS.

UPON COMPLETION OF THE WORK, I SHALL SUBMIT A FINAL REPORT AS TO THE SATISFACTORY COMPLETION AND READINESS OF THE PROJECT FOR OCCUPANCY:

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY OF _____ 19____

_____ MY COMMISSION EXPIRES _____